

UTILITY PATENT APPLICATION TRANSMITTAL (Large Entity)

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Docket No.
BU9-98-225 DIV

Total Pages in this Submission

TO THE ASSISTANT COMMISSIONER FOR PATENTS

Box Patent Application
Washington, D.C. 20231

Transmitted herewith for filing under 35 U.S.C. 111(a) and 37 C.F.R. 1.53(b) is a new utility patent application for an invention entitled:

LOW COST SHALLOW TRENCH ISOLATION USING NON-CONFORMAL DIELECTRIC MATERIAL

and invented by:

John W. Andrews James M. Tyler
 Bao T. Hwang Edward J. Vishnesky
 Howard S. Landis
 Shaw-Ning Mei

If a CONTINUATION APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 09/326,925

Which is a:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Which is a:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Enclosed are:

Application Elements

1. ☒ Filing fee as calculated and transmitted as described below
2. ☒ Specification having 20 pages and including the following:
 - a. ☒ Descriptive Title of the Invention
 - b. ☐ Cross References to Related Applications (if applicable)
 - c. ☐ Statement Regarding Federally-sponsored Research/Development (if applicable)
 - d. ☐ Reference to Microfiche Appendix (if applicable)
 - e. ☒ Background of the Invention
 - f. ☒ Brief Summary of the Invention
 - g. ☒ Brief Description of the Drawings (if drawings filed)
 - h. ☒ Detailed Description
 - i. ☒ Claim(s) as Classified Below
 - j. ☒ Abstract of the Disclosure

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Application Elements (Continued)

3. ☒ Drawing(s) *(when necessary as prescribed by 35 USC 113)*
- a. ☒ Formal Number of Sheets 7 (Figs. 1-12)
- b. ☐ Informal Number of Sheets _____
4. ☒ Oath or Declaration
- a. ☐ Newly executed *(original or copy)* ☐ Unexecuted
- b. ☒ Copy from a prior application (37 CFR 1.63(d)) *(for continuation/divisional application only)*
- c. ☒ With Power of Attorney ☐ Without Power of Attorney
- d. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application,
see 37 C.F.R. 1.63(d)(2) and 1.33(b).
5. ☒ Incorporation By Reference *(usable if Box 4b is checked)*
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied
under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby
incorporated by reference therein.
6. ☐ Computer Program in Microfiche *(Appendix)*
7. ☐ Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all must be included)*
- a. ☐ Paper Copy
- b. ☐ Computer Readable Copy *(identical to computer copy)*
- c. ☐ Statement Verifying Identical Paper and Computer Readable Copy

Accompanying Application Parts

8. ☐ Assignment Papers *(cover sheet & document(s))*
9. ☐ 37 CFR 3.73(B) Statement *(when there is an assignee)*
10. ☐ English Translation Document *(if applicable)*
11. ☒ Information Disclosure Statement/PTO-1449 ☐ Copies of IDS Citations
12. ☒ Preliminary Amendment
13. ☒ Acknowledgment postcard
14. ☐ Certificate of Mailing
- ☐ First Class ☐ Express Mail *(Specify Label No.):* _____

1c996 U.S. PRO
09/883981
06/20/01

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Accompanying Application Parts (Continued)

15. ☐ Certified Copy of Priority Document(s) *(if foreign priority is claimed)*

16. ☒ Additional Enclosures *(please identify below):*

Change of Address

Request That Application Not Be Published Pursuant To 35 U.S.C. 122(b)(2)

17. ☐ Pursuant to 35 U.S.C. 122(b)(2), Applicant hereby requests that this patent application not be published pursuant to 35 U.S.C. 122(b)(1). Applicant hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing of the application.

Warning

An applicant who makes a request not to publish, but who subsequently files in a foreign country or under a multilateral international agreement specified in 35 U.S.C. 122(b)(2)(B)(i), must notify the Director of such filing not later than 45 days after the date of the filing of such foreign or international application. A failure of the applicant to provide such notice within the prescribed period shall result in the application being regarded as abandoned, unless it is shown to the satisfaction of the Director that the delay in submitting the notice was unintentional.

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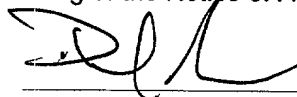
Total Pages in this Submission

Fee Calculation and Transmittal

CLAIMS AS FILED

For	#Filed	#Allowed	#Extra	Rate	Fee
Total Claims	3	- 20 =	0	x \$18.00	\$0.00
Indep. Claims	0	- 3 =	0	x \$80.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
BASIC FEE					\$710.00
OTHER FEE (specify purpose) _____					\$0.00
TOTAL FILING FEE					\$710.00

- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. **09-0456** as described below. A duplicate copy of this sheet is enclosed.
- ☒ Charge the amount of **\$710.00** as filing fee.
 - ☒ Credit any overpayment.
 - ☒ Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17.
 - ☐ Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).



Signature

Phillip E. Miller
Registration No. 46,060
Customer No. 21254

Dated: **June 20, 2001**

cc:

Descriptive statistics		Descriptive statistics	
Variable	Mean (SD)	Variable	Mean (SD)
Age	34.5 (10.2)	Gender	Male (70.0%)
Education	12.5 (1.5)	Marital status	Married (65.0%)
Income	15.0 (5.0)	Religion	Christian (75.0%)
Occupation	Professional (40.0%)	Health status	Good (80.0%)
Health status	Good (80.0%)	Stress level	High (60.0%)
Stress level	High (60.0%)	Life satisfaction	Low (55.0%)
Life satisfaction	Low (55.0%)	Depression	Present (45.0%)
Depression	Present (45.0%)	Anxiety	Present (50.0%)
Anxiety	Present (50.0%)	Substance use	Alcohol (30.0%)
Substance use	Alcohol (30.0%)	Smoking	Smoker (25.0%)
Smoking	Smoker (25.0%)	Exercise	Regular (15.0%)
Exercise	Regular (15.0%)	Diet	Healthy (40.0%)
Diet	Healthy (40.0%)	Sleep	Good (60.0%)
Sleep	Good (60.0%)	Work-life balance	Good (35.0%)
Work-life balance	Good (35.0%)	Family support	Strong (50.0%)
Family support	Strong (50.0%)	Community support	Strong (40.0%)
Community support	Strong (40.0%)	Healthcare access	Good (70.0%)
Healthcare access	Good (70.0%)	Health insurance	Yes (85.0%)
Health insurance	Yes (85.0%)	Healthcare quality	Good (65.0%)
Healthcare quality	Good (65.0%)	Healthcare cost	High (55.0%)
Healthcare cost	High (55.0%)	Healthcare availability	Good (75.0%)
Healthcare availability	Good (75.0%)	Healthcare accessibility	Good (80.0%)
Healthcare accessibility	Good (80.0%)	Healthcare effectiveness	Good (70.0%)
Healthcare effectiveness	Good (70.0%)	Healthcare safety	Good (85.0%)
Healthcare safety	Good (85.0%)	Healthcare transparency	Good (60.0%)
Healthcare transparency	Good (60.0%)	Healthcare accountability	Good (75.0%)
Healthcare accountability	Good (75.0%)	Healthcare innovation	Good (55.0%)
Healthcare innovation	Good (55.0%)	Healthcare research	Good (65.0%)
Healthcare research	Good (65.0%)	Healthcare education	Good (70.0%)
Healthcare education	Good (70.0%)	Healthcare communication	Good (75.0%)
Healthcare communication	Good (75.0%)	Healthcare collaboration	Good (80.0%)
Healthcare collaboration	Good (80.0%)	Healthcare leadership	Good (85.0%)
Healthcare leadership	Good (85.0%)	Healthcare governance	Good (90.0%)
Healthcare governance	Good (90.0%)	Healthcare regulation	Good (95.0%)
Healthcare regulation	Good (95.0%)	Healthcare monitoring	Good (98.0%)
Healthcare monitoring	Good (98.0%)	Healthcare evaluation	Good (99.0%)
Healthcare evaluation	Good (99.0%)	Healthcare improvement	Good (100.0%)
Healthcare improvement	Good (100.0%)	Healthcare innovation	Good (100.0%)
Healthcare innovation	Good (100.0%)	Healthcare research	Good (100.0%)
Healthcare research	Good (100.0%)	Healthcare education	Good (100.0%)
Healthcare education	Good (100.0%)	Healthcare communication	Good (100.0%)
Healthcare communication	Good (100.0%)	Healthcare collaboration	Good (100.0%)
Healthcare collaboration	Good (100.0%)	Healthcare leadership	Good (100.0%)
Healthcare leadership	Good (100.0%)	Healthcare governance	Good (100.0%)
Healthcare governance	Good (100.0%)	Healthcare regulation	Good (100.0%)
Healthcare regulation	Good (100.0%)	Healthcare monitoring	Good (100.0%)
Healthcare monitoring	Good (100.0%)	Healthcare evaluation	Good (100.0%)
Healthcare evaluation	Good (100.0%)	Healthcare improvement	Good (100.0%)
Healthcare improvement	Good (100.0%)	Healthcare innovation	Good (100.0%)
Healthcare innovation	Good (100.0%)	Healthcare research	Good (100.0%)
Healthcare research	Good (100.0%)	Healthcare education	Good (100.0%)
Healthcare education	Good (100.0%)	Healthcare communication	Good (100.0%)
Healthcare communication	Good (100.0%)	Healthcare collaboration	Good (100.0%)
Healthcare collaboration	Good (100.0%)	Healthcare leadership	Good (100.0%)
Healthcare leadership	Good (100.0%)	Healthcare governance	Good (100.0%)
Healthcare governance	Good (100.0%)	Healthcare regulation	Good (100.0%)
Healthcare regulation	Good (100.0%)	Healthcare monitoring	Good (100.0%)
Healthcare monitoring	Good (100.0%)	Healthcare evaluation	Good (100.0%)
Healthcare evaluation	Good (100.0%)	Healthcare improvement	Good (100.0%)
Healthcare improvement	Good (100.0%)	Healthcare innovation	Good (100.0%)
Healthcare innovation	Good (100.0%)	Healthcare research	Good (100.0%)
Healthcare research	Good (100.0%)	Healthcare education	Good (100.0%)
Healthcare education	Good (100.0%)	Healthcare communication	Good (100.0%)
Healthcare communication	Good (100.0%)	Healthcare collaboration	Good (100.0%)
Healthcare collaboration	Good (100.0%)	Healthcare leadership	Good (100.0%)
Healthcare leadership	Good (100.0%)	Healthcare governance	Good (100.0%)
Healthcare governance	Good (100.0%)	Healthcare regulation	Good (100.0%)
Healthcare regulation	Good (100.0%)	Healthcare monitoring	Good (100.0%)
Healthcare monitoring	Good (100.0%)	Healthcare evaluation	Good (100.0%)
Healthcare evaluation	Good (100.0%)	Healthcare improvement	Good (100.0%)
Healthcare improvement	Good (100.0%)	Healthcare innovation	Good (100.0%)
Healthcare innovation	Good (100.0%)	Healthcare research	Good (100.0%)
Healthcare research	Good (100.0%)	Healthcare education	Good (100.0%)
Healthcare education	Good (100.0%)	Healthcare communication	Good (100.0%)
Healthcare communication	Good (100.0%)	Healthcare collaboration	Good (100.0%)
Healthcare collaboration	Good (100.0%)	Healthcare leadership	Good (100.0%)
Healthcare leadership	Good (100.0%)	Healthcare governance	Good (100.0%)
Healthcare governance	Good (100.0%)	Healthcare regulation	

Date: 6/20/01
McGinn & Gibb, PLLC
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